

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001457

1. Entity Name

NORTH PORT COMMUNITY CHURCH OF GOD IN CHRIST CHURCH, INC.

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90141 008 ****70.00

Principal Place of Business

**5930 SAM SHAPOS WAY
NORTH PORT FL 34287**

Mailing Address

**5150 PRIME TERRACE
NORTH PORT FL 34286**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, ELDER CALVIN E SR
5150 PRIME TERRACE
NORTH PORT FL 34286**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **HILL, ICY LEE**
STREET ADDRESS **7505 WEXFORD RD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME **PT TAYLOR-HARRIS, RICHELLE**
STREET ADDRESS **3262 MONTCLAIR CIRCLE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME **S COLLINS, MARCIA**
STREET ADDRESS **5150 PRIME TERRACE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☒ Delete
NAME **T WALKES, ELIZABETH**
STREET ADDRESS **2256 TRIANNA STREET**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME **CEO COLLINS, CALVIN E SR**
STREET ADDRESS **5150 PRIME TERRACE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Theophilus Scott**
STREET ADDRESS **Carb 1 Scott**
CITY-ST-ZIP **2714 Grove St (Trustee member)
SARASOTA, FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)